N. VINER, M.D. I omitted to mention the fact that in addition the patient has had spasmodic twitchings at different times, which is characteristic of the condition, also the fibrillary twitchings. Ordinarily when we do not measure the number of milliamperes we give a minimum amount of current necessary to produce a contraction.

NEPHRITIS IN INFANTS.

F. M. FRY, M.D., read the paper of the evening.

W. F. HAMILTON, M.D. I rise rather to commend the merits of this paper than to comment upon the matter it contains. This represents a great deal of work and careful study as well as much patience, and the conclusions which Dr. Fry has reached are practically the only conclusions that seem possible. There has been no special examination made of the bacteriology of these cases, and it has always occurred to me that many of these cases of nephritis or toxæmia may be bacterial rather than cases of chemical poison. I am interested to hear what Dr. Fry has to say on this point. Another practical point is with regard to the breast fed infants, how that they are on the down grade to the 14th day and all cases show albuminuria. Many of us who have children under our care are often at a loss to know why this loss of weight occurs, and it seems to me that Dr. Fry's observation must answer this question in many instances. I think we have here one of the best papers of the year and we have to thank Dr. Fry for bringing this study before us.

F. M. FRY, M.D. In reply to Dr. Hamilton, of course I had to consider the question of toxæmia, but I could not dwell on the findings in detail and the paper must be studied to bring out these points. However, I anticipated the question of toxæmia and bacterial infection. It is well known that in infants suffering from severe chronic intestinal catarrh one gets a nephritis. I was aware of this and at all my autopsies I examined the intestines and found them negative. The lungs, and the spleen especially, I examined macroscopically and in some cases microscopically, with the idea that if the condition were due to a toxæmia or bacteriæmia, changes would be apparent there, but there were no changes whatever in the spleen and the lungs were in most cases healthy. In all, too, the temperature charts showed a febrile condition and I concluded that I was certainly not dealing with a septic disease. I am indebted to Dr. Adami for suggestions as to the arrangements of the paper. In making the microscopical sections I quickly learned to prefer paraffin to celloidin. I am indebted to Dr. Keenan for kind assistance in preparing the sections.